OFFENDER/STAFF REQUEST (OSR) FORM

TO: Land Library	DATE: <u>5 - 9 - 2</u> 4
(Name and title of staff person)	
NAME: MR. Whitford MID#: 301594 (FACILIZEDOM: # 18-3-5	LITY: US! UNIT: RHW
CELL/ROOM: # <u> </u>	
in no action being taken. If necessary you may be interviewed in order to successfully resp	oond to this request)
- Attached is an Electronic ?	form for filing
and a Notrce of Appeal to	the us 1015t.
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STAFF RESPONSE: (for staff use only)	1.
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☐ Addressed Verbally ☐ Unanswered –violation of policy	
O a land	
Koyden Miller / Cibragian	5/10/24
(Staff Member Signature) (Job Title)	(Date)

Effective: February 26, 2015